



State of Oregon  
Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900

# Application for Instream Lease Renewal

A summary of review criteria and procedures that are generally applicable to these applications is available at [www.wrd.state.or.us/OWRD/PUBS/forms.shtml](http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml).

The undersigned entered into Instream Lease Number IL- 282 involving Water Right Certificate(s) 54902 on 4/21/2008, which terminated on 10/31/2012.

The undersigned Lessor and Lessee, parties to the original lease, hereby request that Lease Number IL- 282 be renewed. Lessor and Lessee warrant that, to the best of their knowledge, circumstances have not changed and all matters involved with or affected by the instream lease and the subject water right(s) remain as they were when the lease was first entered into, including but not limited to water right holder interest, the acres from which the right is leased, and the public instream benefit provided as a result of this instream lease.

The terms and conditions of instream lease IL- 282 are hereby incorporated by reference in their entirety, with the following exception(s):

- The term of the lease shall commence on March 1, 2013 (not before execution by the parties) and continue through October 31, 2017.

**CREP.** Are some or all of the lands being leased part of a Conservation Reserve Enhancement Program?

Yes  No or other Federal Program: \_\_\_\_\_

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**Fees.** Pursuant to ORS 536.050, the following fee is included:

\$100 for an instream lease renewal application.

**JAN 28 2013**

Lessor Signature: [Signature] Date: 1/26/13  
 Print Name: Richard Nichol  
 City, State, Zip: P.O. Box 670, Elkton, OR 97436  
 Telephone Number: 541-584-2473  
 E-mail address\*\*: dnichol39@gmail.com

**SALEM, OR**

Lessor Signature: [Signature] Date: 1/25/13  
 Print Name: Gerry Nichol  
 City, State, Zip: P.O. Box 670, Elkton, OR 97436  
 Telephone Number: 541-584-2473  
 E-mail address\*\*: \_\_\_\_\_

For additional Lessors, add additional page using the above format.

Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Lessee Organization: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail address\*\*: \_\_\_\_\_

**\*\*BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.**